



AP

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application No.	10/003,134
		Filing Date	November 15, 2001
		First Named Inventor	Linden Minnick
		Art Unit	2194
		Examiner Name	LeChi Truong
Total Number of Pages in This Submission		Attorney Docket Number	42390P12310

ENCLOSURES *(check all that apply)*

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <ul style="list-style-type: none"> <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) <ul style="list-style-type: none"> <input type="checkbox"/> Landscape Table on CD 	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 10px; margin-top: 10px;"> <ul style="list-style-type: none"> - Return postcard - Check for \$100.00 </div>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Gregory D. Caldwell, Reg. No. 39,926 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	January 22, 2007

CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Typed or printed name	Gigi Hoover		
Signature	Gigi Hoover	Date	January 22, 2007



FEES TRANSMITTAL for FY 2006

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT **(\$)** **100.00**

Complete if Known	
Application Number	10/003,134
Filing Date	November 15, 2001
First Named Inventor	Linden Minnick
Examiner Name	LeChi Truong
Art Unit	2194
Attorney Docket No.	42390P12310

METHOD OF PAYMENT (check all that apply)

Check Credit card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayment of fee(s) Credit any overpayments
 under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

FEE CALCULATION

1. EXTRA CLAIM FEES

		Extra Claims	Fee from below	Fee Paid
Total Claims	34	32* =	2 X 50.00 =	\$100.00
Independent Claims	5	5* =	0 X 200.00 =	\$0.00
Multiple Dependent				

Large Entity

Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1202	50	2202	25	Claims in excess of 20
1201	200	2201	100	Independent claims in excess of 3
1203	360	2203	180	Multiple Dependent claim, if not paid
1204	790	2204	395	**Reissue independent claims over original patent
1205	300	2205	150	**Reissue claims in excess of 20 and over original patent
SUBTOTAL (1)		(\$)		100.00

**or number previously paid, if greater, For Reissues, see below

2. ADDITIONAL FEES

Large Entity

Small Entity

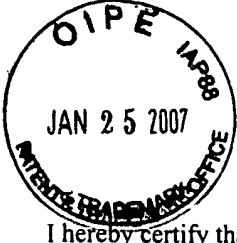
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1051	130	2051	65	Surcharge - late filing fee or oath
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet.
2053	130	2053	130	Non-English specification
1251	120	2251	60	Extension for reply within first month
1252	450	2252	225	Extension for reply within second month
1253	1,020	2253	510	Extension for reply within third month
1254	1,590	2254	795	Extension for reply within fourth month
1255	2,160	2255	1,080	Extension for reply within fifth month
1401	500	2401	250	Notice of Appeal
1402	500	2402	250	Filing a brief in support of an appeal
1403	1,000	2403	500	Request for oral hearing
1451	1,510	2451	1,510	Petition to institute a public use proceeding
1460	130	2460	130	Petitions to the Commissioner
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)
1806	180	1806	180	Submission of Information Disclosure Stmt
1809	790	1809	395	Filing a submission after final rejection (37 CFR § 1.129(a))
1810	790	2810	395	For each additional invention to be examined (37 CFR § 1.129(b))
Other fee (specify)		SUBTOTAL (2)		(\$)

Fee Paid

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Gregory D. Caldwell	Registration No. (Attorney/Agent)	39,926	Telephone	(503) 439-8778
Signature				Date	01/22/07



**REPLY UNDER 37 C.F.R. § 1.116
EXPEDITED PROCEDURE
TECHNOLOGY CENTER 2194**

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January 22, 2007

Date Mailed

Gigi Hoover

Name

Gigi Hoover

January 22, 2007

Date

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Minnick, et al.

Serial No.: 10/003,134

Examiner: Truong, LeChi

Filed: November 15, 2001

For: METHOD FOR INDICATING
COMPLETION STATUS OF
ASYNCHRONOUS EVENTS

Art Unit: 2194

Docket No.: 042390.P12310

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RESPONSE TO FINAL OFFICE ACTION UNDER 37 C.F.R. § 1.116

EXPEDITED PROCEDURE

Dear Examiner:

This amendment is submitted in response to the Final Office Action mailed November 29, 2006, for the above-noted patent application. Expedited examination under 37 C.F.R. § 1.116 is requested.

Applicants respectfully request that the Patent and Trademark Office (“PTO”):

1. Please enter the amendments to the claims in section I, beginning on page 2.
2. Please consider the amendments to the claims in section I in view of the remarks in section II, beginning on page 8.

01/25/2007 NNGUYEN1 00000069 10003134

01 FC:1202

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